

Challenges Facing Health Care Providers in Promoting Influenza Vaccine

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What is the very best we can do for
our patients right now?

Provide annual influenza vaccine
throughout the season. It is the optimal
way to prevent influenza infection and
influenza-related morbidity and mortality

Some Key Issues

- Misconceptions about influenza infection and the vaccine
 - Among parents and health care providers
- Lack of a clear understanding of the true value and rationale for annual influenza vaccination
- Missed vaccination opportunities
- Non-clinical and logistical issues
 - Inside practice's control (eg, vaccination timeframe, identifying and recalling patients)
 - Outside practice's control (eg, supply, reimbursement)
- Use of alternative influenza vaccination settings
- Optimizing health care worker influenza immunization

Parent-Reported Reasons for Not Immunizing High-Risk Children

Factor	“Why didn’t your child get a flu shot?”	No (%) (n=78)
No MD recommendation	Not recommended, didn’t know needed	23 (29)
Low perceived susceptibility to influenza	Not important, child healthy/no need	19 (24)
Risks of vaccination	Aren’t safe, can cause flu, side effects, not appropriate for child’s age	10 (13)
Child barriers	Child was sick, doesn’t like shots	5 (6)
Opposition to vaccination	Don’t believe in flu shots	5 (6)
Parent barriers	No time, forgot	4 (5)
System barriers	No vaccine available, appointment unavailable	2 (3)
Lack of perceived benefit	Doesn’t help prevent flu	1 (1)
No stated reason	No particular reason	19 (24)

Up to 3 responses allowed per respondent.

Daley MF, et al. *Arch Pediatr Adolesc Med* 2005; 159: 986.

Attitudes and Beliefs Among Consumers Regarding Measures to Prevent Influenza

Emerging Infections Program Survey, 2004

Believe influenza vaccine causes influenza	32.8%
Believe influenza vaccine is somewhat or very effective	71.3%

Data from CDC survey, 2004. N=2231 surveys from Emerging Infections Program [11 population-based network surveillance areas].

Reasons Health Care Workers Cite for not Receiving Influenza Vaccine

- Concern about side effects or vaccine safety including the misperception that injected influenza vaccine could cause “the flu”
- Perception of low personal risk of contracting influenza
- Inconvenience
- Ignorance of the recommendation for routine influenza vaccination of all health care workers
- Dislike of needles

Factors Influencing Health Care Worker Decisions to Receive Vaccine

Vaccinees (%)	
Don't want to get sick	83
Protect patients	62
Convenience	68
Free	58
National recommend.	25
Physician recommend.	8

Non-Vaccinees (%)	
Concern re: side effects	36
Not in target group	15
Disagree with recommend.	10
Inconvenience	10
No high-risk patient contact	6
Dislike needles	5
Forgot	5

Odds ratio for very strongly recommending to elderly if HCW vaccinated = 1.91

JCAHO Standard* for Influenza Vaccination Programs in Accredited Institutions

- Establish an annual influenza vaccination program that includes at least staff and licensed independent practitioners
- Provide access to influenza vaccination on-site
- Educate staff and licensed independent practitioners about influenza vaccination; non-vaccine control measures; and diagnosis, transmission and potential impact of influenza
- Annually evaluate vaccination rates and reasons for non-participation by staff and licensed independent practitioners
- Implement enhancements to the program to increase participation

*The standard will become an accreditation requirement beginning January 1, 2007.

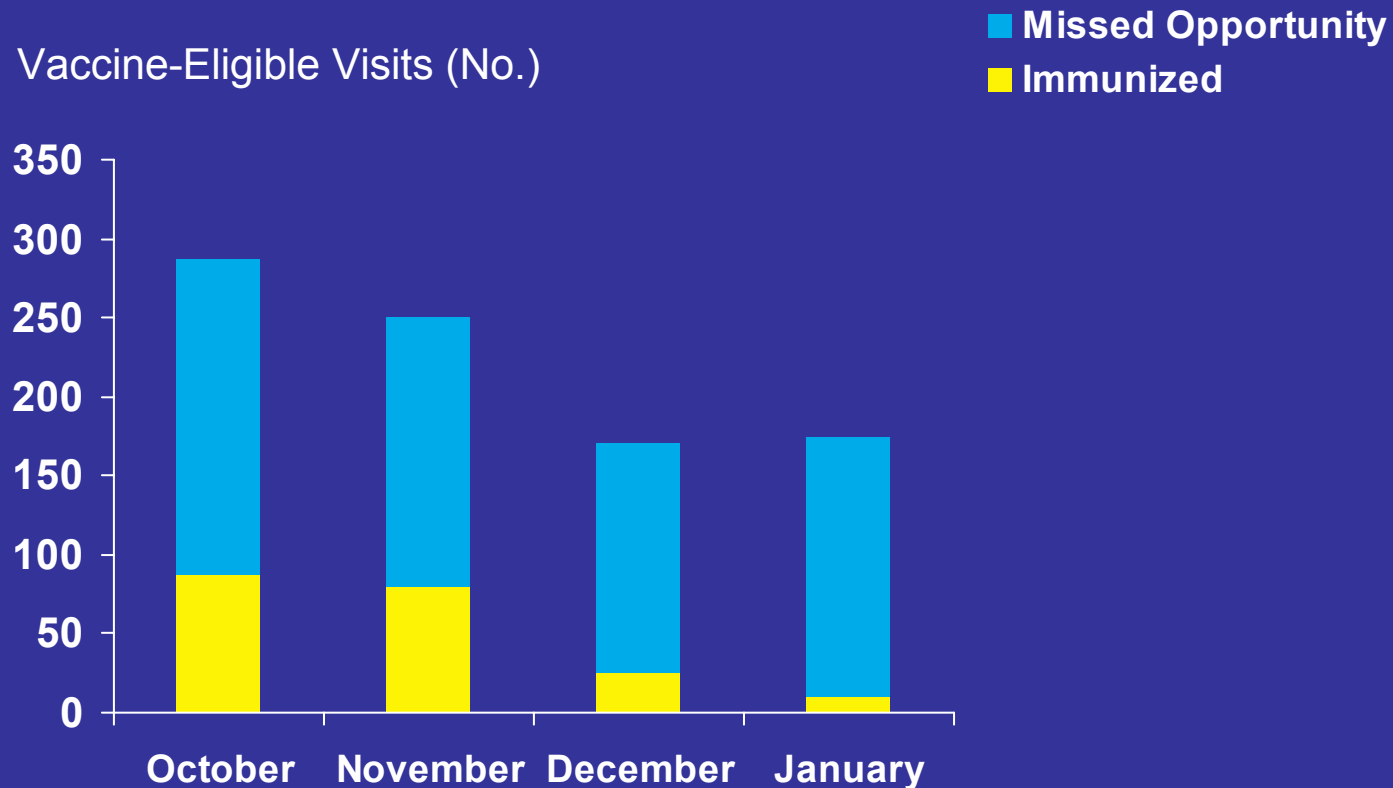
JCAHO=Joint Commission on Accreditation of Healthcare Organizations

Vaccine Efficacy:

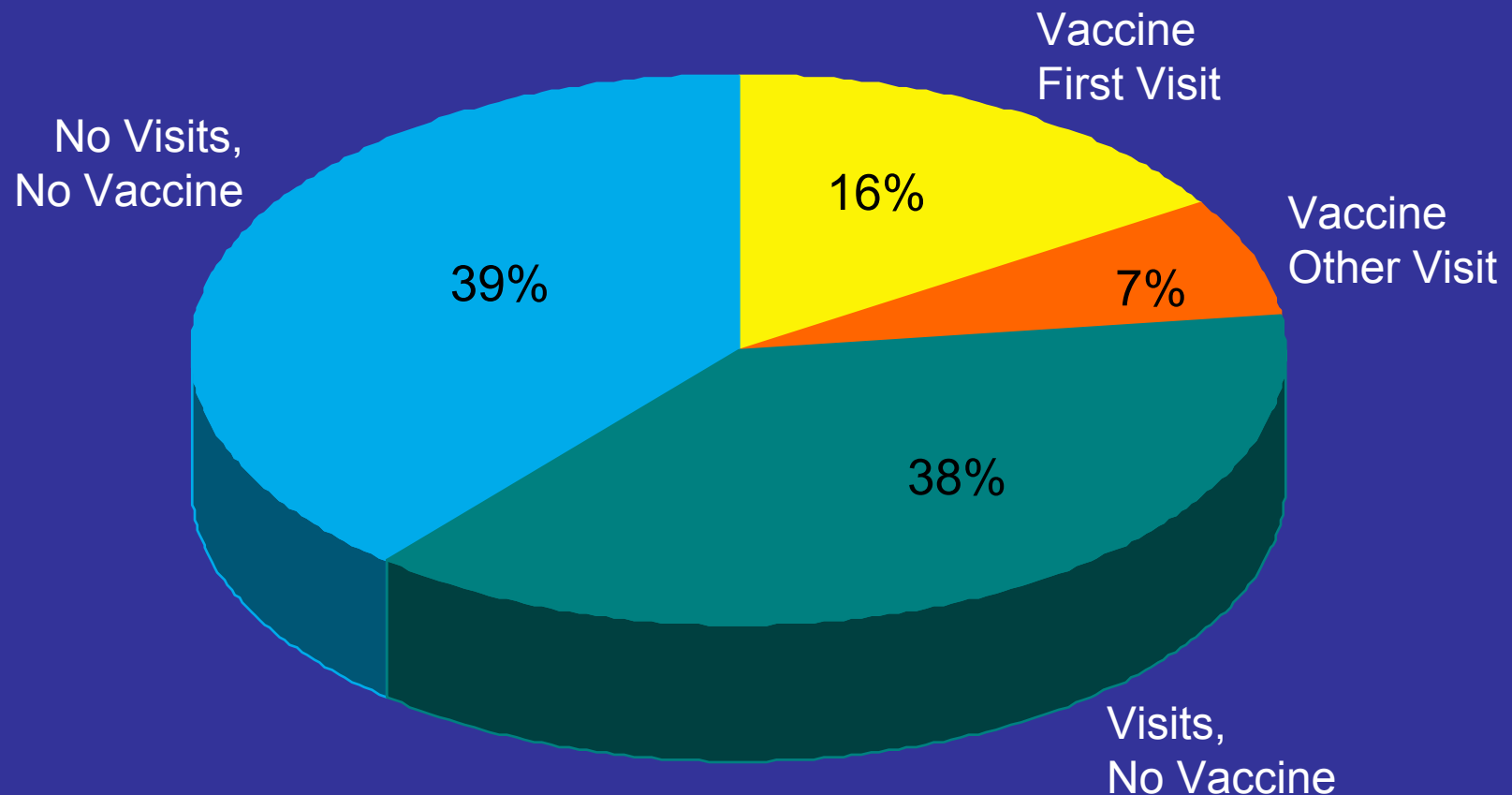
Why Do We Give Influenza Vaccine?

- Major reason to give influenza vaccine is prevention of serious complications such as pneumonia, hospitalization and death
- Vaccine efficacy is affected by reasonable and expected uncertainties
 - Antigenic match between circulating virus and vaccine
 - Age and immune status of those receiving the vaccine
 - Severity of circulating influenza virus
- Influenza vaccine is effective against influenza virus
 - Other, non-vaccine preventable, respiratory viruses (RSV, metapneumo virus, rhinovirus, parainfluenza), continue to circulate throughout the winter months

Missed Opportunities for Influenza Vaccination in Children with Asthma



Missed Opportunities to Provide Influenza Vaccine in Children with Asthma

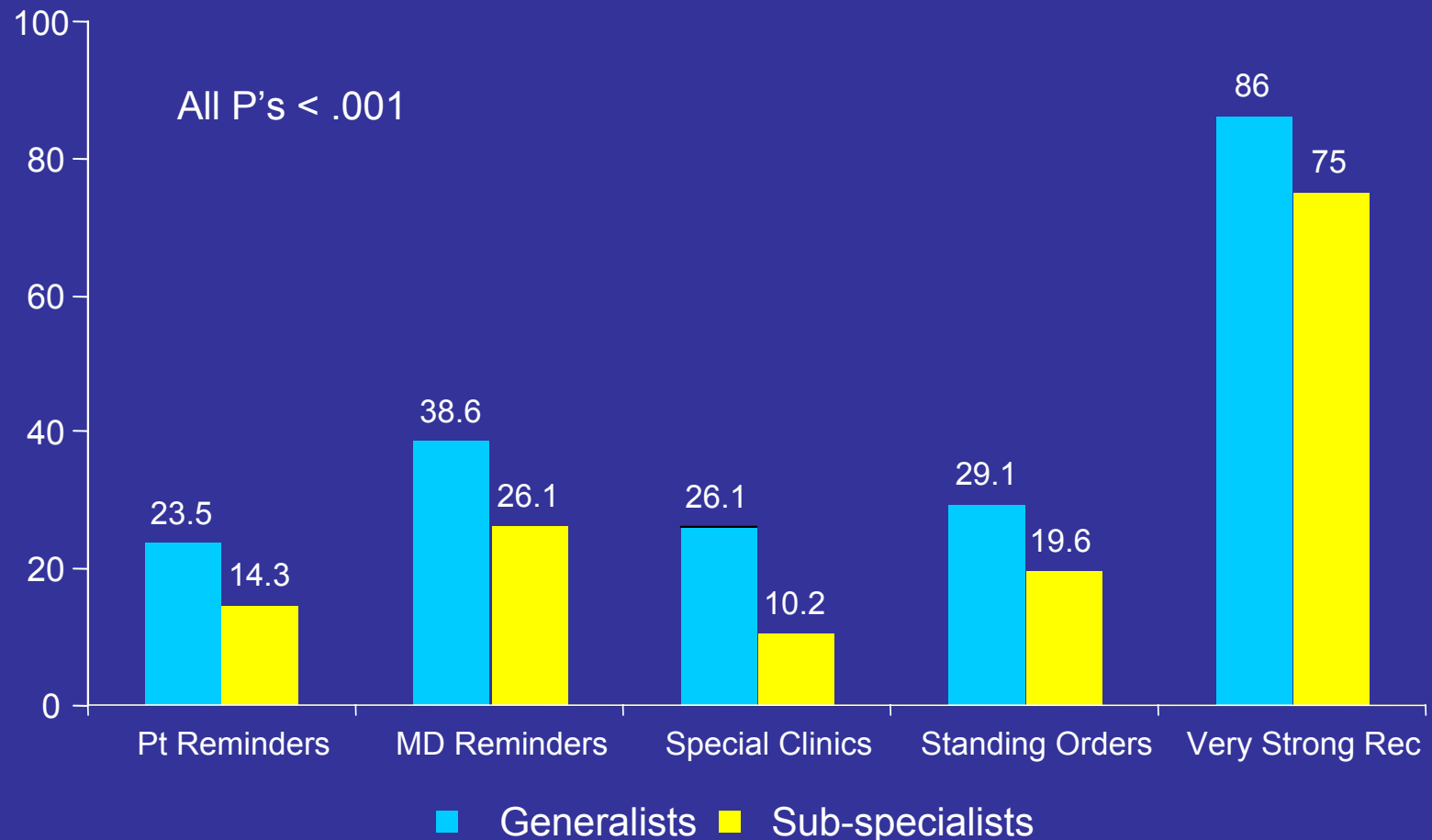


Impact of Universal Pediatric Influenza Vaccination on Primary Care Practices

- Universal vaccination would increase burden to primary care practices
- Practice-level strategies to minimize burden
 - Use all visits to vaccinate
 - Vaccinate over longest possible time: Vaccinate into December and January; U.S. influenza activity most often peaks in February
 - Provide short and efficient vaccination only visits
 - Implement a reminder / recall system
- System level issues
 - Reimbursement / insurance coverage
 - Registries
 - Education
 - Vaccine supply

Physicians Often Fail to Use Effective Strategies to Increase Vaccination Rates

Percent using strategy

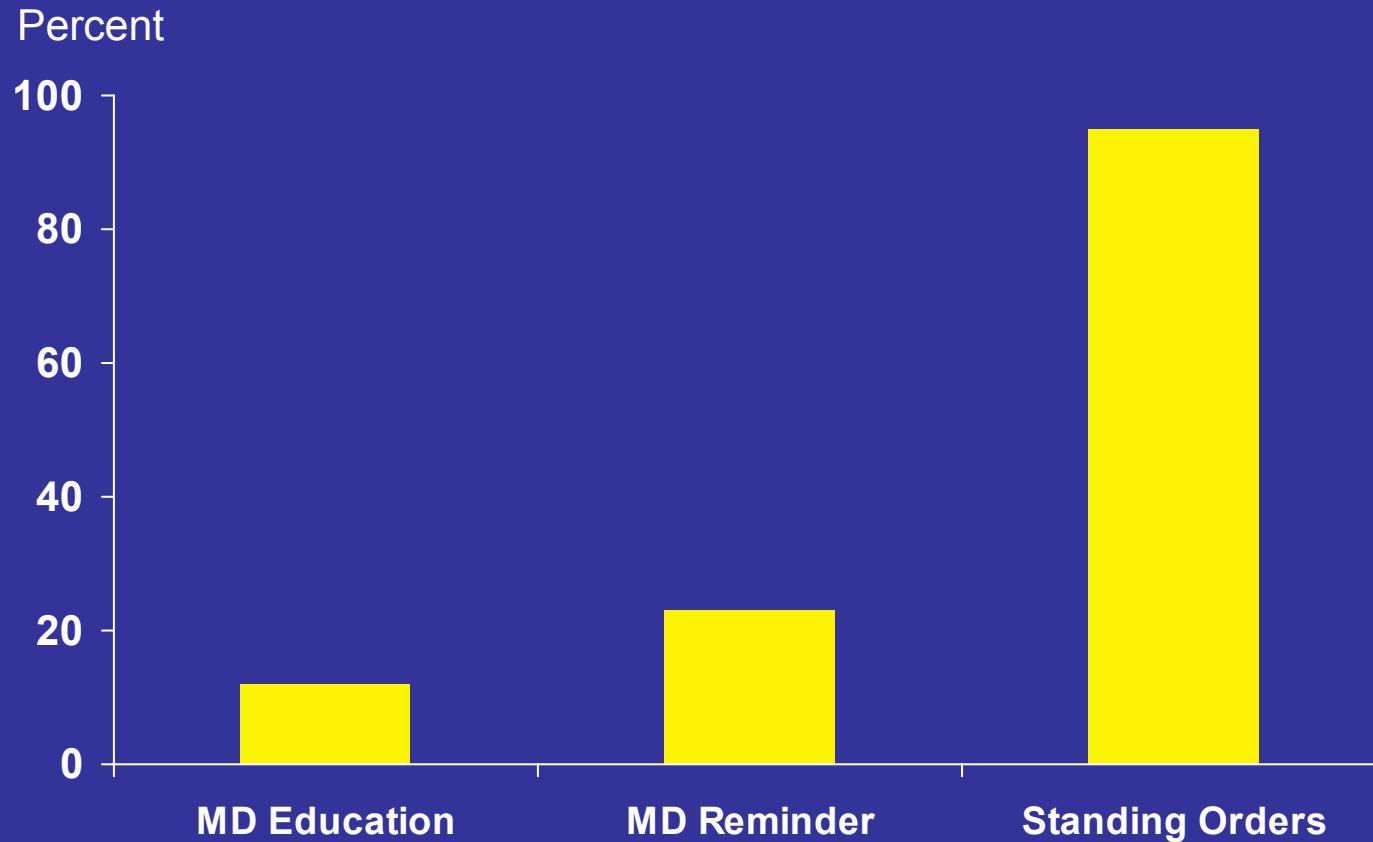


Supply and Reimbursement

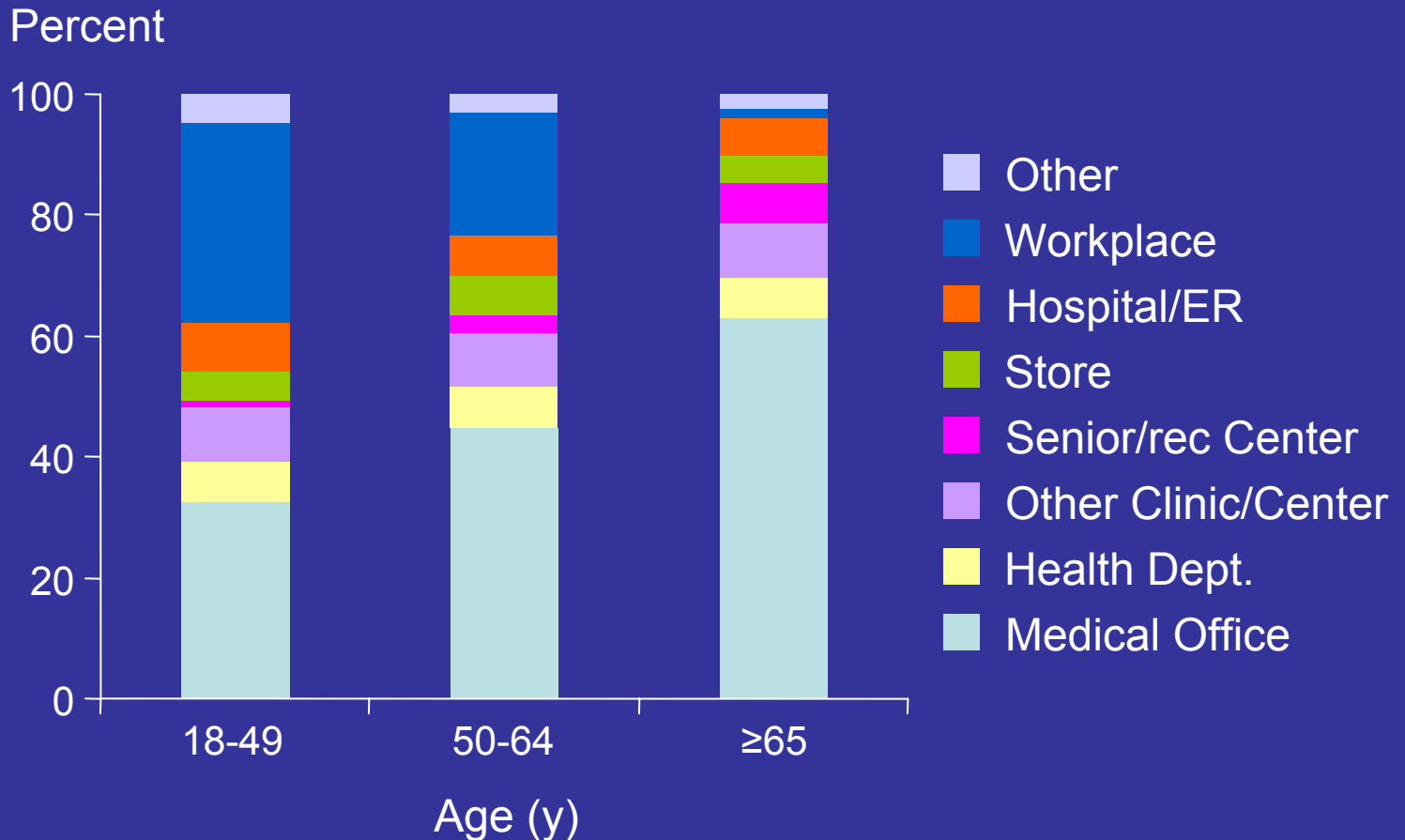
- Anticipated supply for 2006-07 season is 100+ million doses
 - Should alleviate supply concerns, but present new challenges for vaccine uptake
 - Distribution is mainly a private enterprise system; distribution issues are to be expected from time to time
 - Providers should order vaccine by early spring for the next influenza season
- Medicare reimbursement rates have increased and reasonable administration fees are provided
 - Influenza vaccine is given at no cost (no deductible, no co-pay) to Medicare-eligible patients

Standing Orders More Effective than Education or Physician Reminders for Adult Inpatients

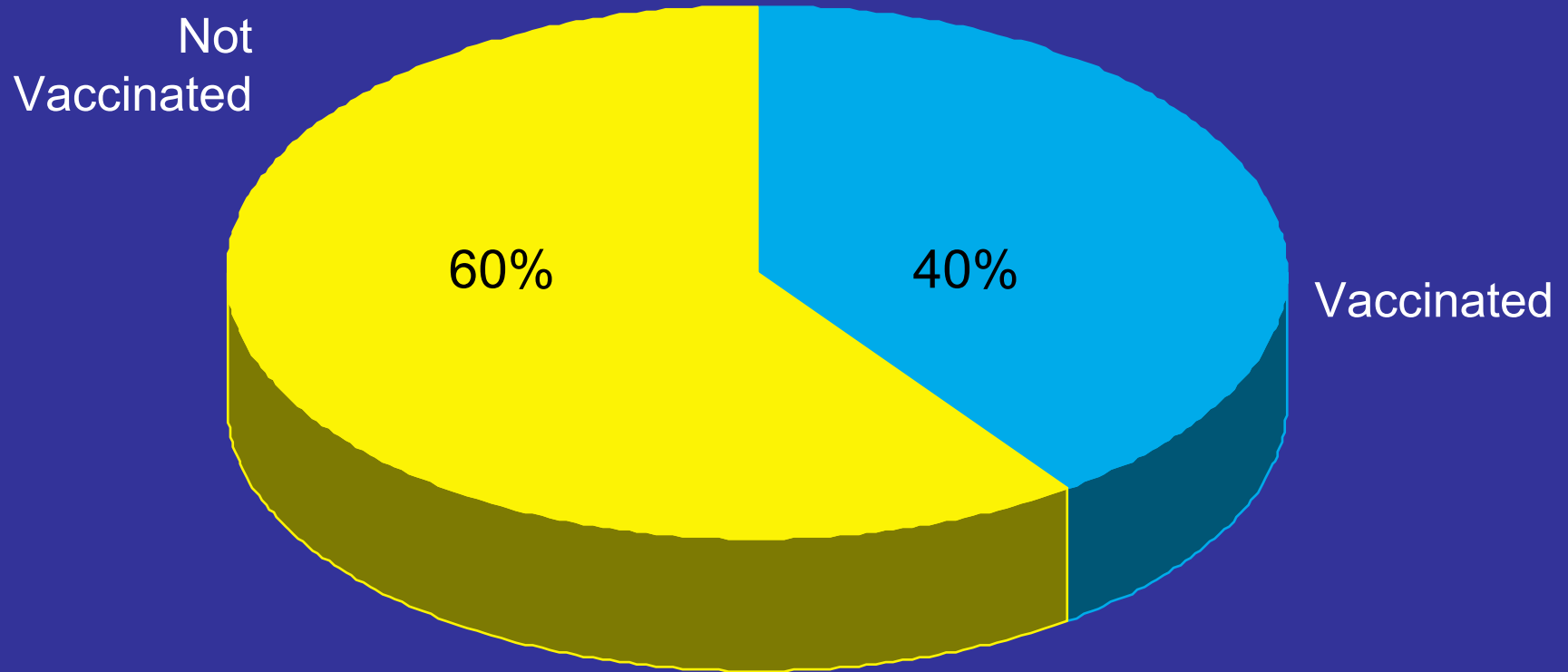
Percent of Inpatients Offered Influenza Vaccine by Type of Intervention



Adults Often Receive Influenza Vaccine in Non-Traditional Settings



Influenza Vaccination of Health Care Workers, US 2003 (NHIS)



Reasonable Next Steps to Increase Influenza Vaccination Rates Now

- Encourage health care providers to recommend the vaccine
 - Parents rely on health care professional's recommendations
 - Recommendations also serve as much-needed reminders
- Continue to challenge misperceptions, especially among nurses and other health care workers
 - Inactivated influenza vaccine cannot cause influenza
 - Attenuated influenza vaccine is highly unlikely to cause influenza

Reasonable Next Steps to Increase Influenza Vaccination Rates Now

- Promote health care worker influenza vaccination
 - Protect patients
 - Protect ourselves, our families
 - Send a clear message about the importance of getting an annual influenza vaccine
- Tap into alternative influenza vaccination sites to vaccinate appropriate patients
 - It is unreasonable to expect physicians' offices to provide all annual influenza vaccines, given the high volume
- Remind practices of the increased Medicare reimbursement rates for influenza vaccine and its administration
 - New reimbursement rates may offer at least a minimal financial incentive for practices to increase focus on influenza vaccination

NFID 2006 Influenza Awareness Programming

Goals

- Sustained communications effort to ensure action-driving media coverage throughout the season
 - Begin upon release of 2006-07 recommendations; continue communications throughout year
- Raise consumer awareness/demand for prevention
 - Continue to clarify seasonal vs. pandemic influenza
 - Restore provider/consumer confidence in value of influenza prevention and treatment approaches
 - Extend immunization season; deliver messages as appropriate later in season

NFID 2006 Influenza Awareness Programming

Influenza Media Forum

- Conducted May 18 with several of nation's government health and professional medical organizations
- Present full spectrum of information on influenza, including prevention
- Emphasize integral role media serves in informing consumers
- New comprehensive resources now available on NFID Web site (www.nfid.org) address key influenza prevention/treatment issues
 - Available for ongoing access by media as they cover various issues surrounding seasonal influenza
 - Summit members encouraged to share with colleagues, local reporters

NFID 2006 Influenza Awareness Programming

Activities

- National public service campaigns
 - Targeting overall high-risk and pediatric populations
 - Possible late season messages
 - Distribute via TV and radio stations across the country
- Media outreach initiatives throughout the season
 - Begin with Annual Influenza/Pneumococcal News Conference to “kick off” season
 - Conduct ongoing programming during the fall
- Educational messages to extend the influenza immunization season
 - Ensure message delivery via multiple channels in December and later (national, regional)

A Multi-Pronged Effort is Essential: A Call to Action for Medical Societies

- Guidelines and recommendations from public health officials are not enough
- Medical and professional societies can fill an essential role
 - Make increased influenza vaccination rates a priority
 - Communicate with your members
 - ❖ Encourage health care providers to recommend the vaccine
 - ❖ Continue to challenge misperceptions about vaccination
 - ❖ Promote health care worker influenza vaccination